

What should you do?

- Make sure your birth facility has your correct address and phone number.
- Make sure they know who your baby's doctor will be after discharge.
- Ask about the results at your baby's first well-baby check-up.

To see a **VIDEO on Newborn Screening**, go to the web-site BabysFirstTest.org and watch: <https://www.youtube.com/watch?v=Zwb1tQPHmxs> or check out the "One Foot at a Time" video at <http://www.savebabies.org>

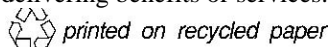
To order more PARENT INFORMATION booklet/brochures:

Call 402-471-9731 or fax order to "NNSP" : fax 402-471-1863 or e-mail dhhs.newbornscreening@nebraska.gov. Specify: Parent's Guide booklet, or Hearing Screening brochures ("Can Your Baby Hear?" or "Your Baby Needs Another Hearing Screening"). Also available in several other languages.

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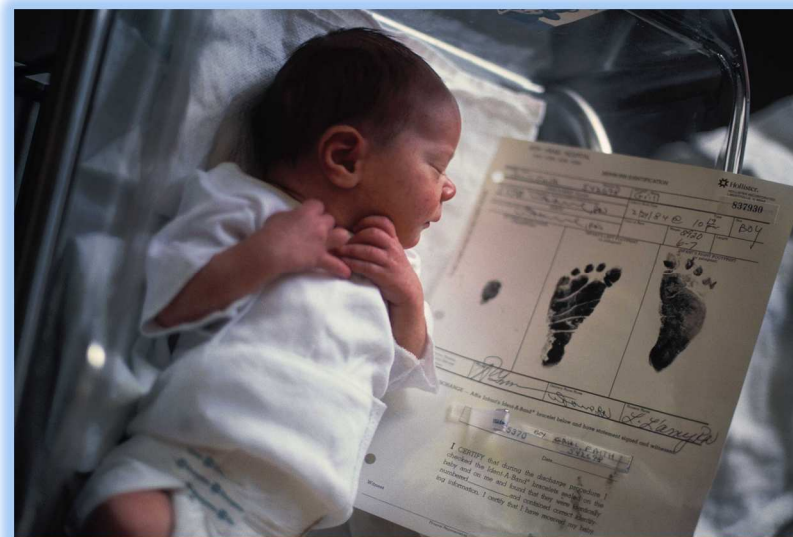


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PARENT'S GUIDE TO YOUR BABY'S NEWBORN SCREENING



NEBRASKA NEWBORN SCREENING PROGRAM October, 2014



WHAT IS NEWBORN SCREENING?

Newborn screening is done for every baby born in Nebraska. It is a set of tests done to find certain conditions that can cause problems for your baby. You and your baby's doctor can't tell by looking at your baby if they have any of these conditions. The tests (blood tests, hearing tests and heart tests) are needed to find them so that problems can be prevented or reduced. This brochure will explain these three kinds of testing.

Who needs to be screened? All babies born in Nebraska must have the Blood-spot and Heart Disease testing. The tests are so important to protecting the health and safety of babies who are affected with the diseases, that the law is mandatory. The hospital is also required by law to offer hearing screening for your baby.



How is my baby screened for the blood-spot screen?

Five drops of blood are taken from your baby's heel. The blood sample is sent to a newborn screening laboratory and tested for the conditions described on the next pages.

Why are the screening tests important?

The law requires screening to help prevent intellectual disability, brain and organ damage, seizures, stroke, other chronic problems and even infant death. The conditions screened for can usually be controlled by early and proper treatment. *(There are other causes of these health problems, illness and death which will not be found by these tests).*



When should my baby be screened? Your doctor will have the blood collected for the tests before your baby leaves the hospital. If you and your baby go home before your baby is 24 hours old, your baby will need to have some tests repeated. The hospital may schedule this appointment before you leave. If not, you should contact your doctor to have the tests repeated after your baby is 24 hours old. Some of the tests can give reliable results before 24 hours of age but not all of them.



Babies born at home: Babies who are born at home must also be screened for these diseases. The parent(s) or the person registering the birth must arrange with a doctor to have the tests completed. The blood should be collected between 24 and 48 hours of birth, so that any needed

treatment can be started as soon as possible. If a baby is older they must still get the screening. Even though it is less ideal in terms of timing, older babies can still benefit from treatment for certain conditions.

WHAT CONDITIONS ARE INCLUDED IN NEBRASKA'S ROUTINE Blood-Spot SCREENING PANEL?

Amino Acid Disorders

Phenylketonuria, (FEE-nil-KEE-tone-u-ree-ah), or PKU, is an amino acid disorder. Babies with PKU can't break down phenylalanine or phe. Phe is an amino acid found in protein foods like milk, meats, eggs and cheese. The high levels of phe may cause nerve and brain cell damage and can result in mental retardation. If detected early and the baby is started on a special diet, intellectual disability is prevented. Other Amino Acid Disorders screened for include: • Argininosuccinic Acidemia (ASA Lyase deficiency) • Citrullinemia (CIT) • Homocystinuria (HCY) • Maple Syrup Urine Disease (MSUD) • Tyrosinemia (TYR)



Biotinidase Deficiency (BIO)

(BYE-o-TIN-I-days) is a disorder found in babies who are missing the enzyme biotinidase. This can lead to seizures,

developmental delay, eczema, and hearing loss. Problems can be prevented with biotin (a vitamin) treatment started in the first few weeks of life.

Congenital Adrenal Hyperplasia (CAH)

(Congenital A-DREE-nal Hyper-PLAY-zia) is a disorder caused by an enzyme deficiency that results in the adrenal gland producing too little of one hormone and too much of another. Some babies with this disorder are at risk of sudden death. Problems can be prevented with hormone treatment started early.

Congenital Primary Hypothyroidism (CPH)

(HIGH-po-THIGH-roid-ism), or CPH is a disorder caused by not having enough thyroid hormone. The most common effects of CPH are intellectual disability and poor growth. If treatment with thyroid medication starts in the first few weeks of life, these children usually develop normally.

Cystic Fibrosis (CF)

(SIS-tic FY-bro-sis) is a genetic disorder that affects people in a variety of ways. They may have persistent coughing, wheezing or shortness of breath. They may have an excessive appetite, but have poor growth and greasy, bulky stools. With early treatment those who would have had problems gaining weight, can have improved growth and development. With early diagnosis from newborn screening, some may have fewer hospitalizations. Regular monitoring may prevent or reduce lung infections.

Fatty Acid Oxidation Defects (FAO's)

Medium Chain Acyl-CoA Dehydrogenase Deficiency (Medium Chain A-seal Co-A Dee-HIGH-dra-gen-AZE Deficiency - MCAD) is a disorder of fatty acid metabolism. When babies and children with MCAD become ill or have long periods of fasting, blood sugars become dangerously low and they are at risk of having a "metabolic crisis." A metabolic crisis can lead to seizures, failure to breathe and cardiac arrest. These can result in serious brain damage or death. However, screening can provide diagnosis before symptoms occur. Parents can then prevent the fasting periods, and know when to seek early medical care, to prevent the crisis. A special diet supplement may be added to the baby's diet to help prevent problems. [Other Fatty Acid Defects](#) screened for include: • Carnitine Uptake Defect (CUD) • Long Chain Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD) • Trifunctional Protein Deficiency (TFP) • Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (VLCAD)

Galactosemia (GAL)

(Guh-LAK-toe-SEE-me-ah) is a disorder in which a simple sugar called "galactose" can't be broken down in the body. Galactose is found in breast milk, many formulas and milk products. If it remains at high levels in the body, it can harm the baby's eyes, liver, and brain and could be life threatening. When started early, a special diet can prevent these problems.

Hemoglobinopathies (HGb's)

(He-ma-glow-bin-OP-ah-thees) are a group of disorders of the red blood cells, including sickle cell anemia. Babies with this are more likely to have anemia, episodes of pain, strokes, and life-threatening infections. Early treatment with antibiotics, immunizations and parent education can help. These measures can prevent serious infections in childhood, and reduce health problems.

Organic Acid Disorders (OA's)

These conditions can have a variety of effects on babies from mild to severe including metabolic crisis and problems with the heart, muscles, and some organs. Babies with these disorders may become rapidly sick, have seizures, go into a coma and could die without treatment. [The Organic Acid Disorders](#) screened for include: • Beta Ketothiolase Deficiency (BKT) • Glutaric Acidemia type I (GA-I) • Isovaleric Acidemia (IVA) • Methylmalonic Acidemia (mutase) & (Cbl B&C) • Multiple Carboxylase Deficiency (MCD) • Propionic Acidemia (PA) • 3-Methylcrotonyl-CoA Carboxylase Deficiency (3-MCC) • 3-Hydroxy-3 Methylglutaric Aciduria (HMG)

Severe Combined Immune Deficiency (SCID)

Sometimes referred to as the "bubble-boy" disease SCID is a serious life-threatening condition. Babies with SCID lack a functioning immune system and suffer from repeated infections. With no treatment these babies usually die within the first two years of life. However early intervention

and bone marrow stem cell transplant can cure these babies. The screening test may also pick up other T-cell immune deficiencies for which other treatments can help.

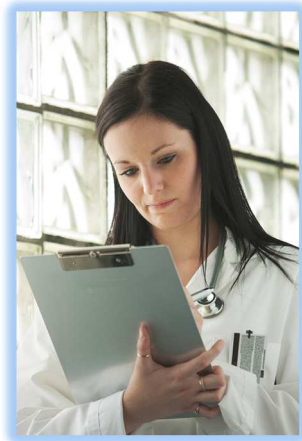
How will I find out the results?

Your baby's doctor should receive the results from the hospital where the blood was collected. Usually by the time of your first "well-baby" check-up. Make sure to ask your baby's doctor about the newborn screening results.

What if any of the screening results are abnormal?

A "positive," abnormal or inconclusive screening test result only means that your baby might have one of the conditions mentioned above.

Sometimes positive screening results are found in babies that do not have the condition. A diagnosis of a condition is not made with the first lab test. Further testing will be necessary to determine if your baby actually has it.



If you are asked to have your child re-tested, please act quickly so tests can be repeated and final results obtained. If needed, treatment must be started as soon as possible to prevent the onset of problems for your baby's health and development, or in some cases to prevent death.

Why else might I be asked to have my baby "re-tested?"

Some things can cause problems with the tests. When these things happen, we can't be very sure of some of the results. Some of the reasons parents are asked to bring their babies back for re-testing are:



- The specimen was collected too early for some conditions to be tested (less than 24 hours of age).
- The specimen wasn't collected before a blood transfusion or too soon after a blood transfusion; or
- A problem occurred with the quality of the specimen (e.g. problem with collection and/or handling of the dried blood spots).

PROTECTIONS FOR YOUR BABY'S BLOOD SPECIMEN

It is important that you feel confident your baby's blood specimen is used only for its intended purpose. That is, to find information that can help your baby. Nebraska law and regulations require the following: The laboratory must keep the newborn screening specimens at least 90 days. Within

30 days after this 90 day period, the laboratory must dispose of the sample. The blood spots are disposed of in a way that they cannot be linked to identifying information (they are incinerated/burned). This is an important protection of genetic information.

Your baby's blood specimen can only be used for public health research if all of these things have been obtained:

- your written consent
- written assurances that your baby's confidentiality is preserved
- Institutional Review Board approval following protections of human subjects from research risks under subpart A of part 46 of 45 Code of Federal Regulations, as they existed on September 1, 2001
- approval of the State Newborn Screening Advisory Committee
- approval of the Chief Medical Officer of the Nebraska Department of Health and Human Services

Retrieving Your Baby's Blood Spot

As you will read on the next page, your baby's hearing will also be tested. For babies who are "confirmed" with a hearing loss, additional testing on the blood spot might be helpful. Cytomegalovirus (CMV) infection present at birth can be one cause of hearing loss. Testing for congenital CMV is best accomplished on specimens obtained shortly after birth (for example the dried blood spot). Tests on later

specimens can't tell the difference between "congenital" or "acquired" CMV. Therefore, if your baby does not pass the hearing screening, it is important get repeat hearing screening and audiologic diagnostic testing done as soon as possible. That way, if your baby does have hearing loss, you can ask your baby's doctor to request the dried blood spot to be returned for more tests before the blood spots are destroyed.

A Special Note:

The newborn screening tests alone **cannot be used to make a final diagnosis**. They are a "screen", designed to detect newborns who need further testing to determine if they have certain disorders. The screening tests are very efficient and provide newborns with the best opportunity to identify the disorders early and obtain treatment.

However, like most laboratory tests, the tests used for newborn screening cannot guarantee that every affected newborn will be identified, or that only infants at higher risk of being affected will have positive tests. Therefore, it is important to recognize that there will be some "false positives" (newborns with a positive, abnormal or inconclusive screen result who are later found to not have the suspected disorder), and the possibility of "false negatives" (newborns with normal screening results who are later found to have one of the conditions).

NEWBORN HEARING SCREENING

All hospitals offer newborn hearing screening during the birth admission or by arrangement with another facility after the birth admission.



Significant hearing loss is one of the most common major birth defects. If not found early, hearing loss will affect language development,

social-emotional growth, and educational performance in children. Early detection of hearing loss, along with early intervention and treatment before six (6) months of age, is highly effective in helping a child's language, communication and educational development.

The hearing screening is a safe procedure that can be done in a very short time. There are two methods that might be used: auditory brainstem response (ABR) and/or otoacoustic emissions (OAE). Both are done when the baby is asleep or quiet. Responses to sounds sent through tiny earphones are counted and averaged by a computer. It is important to remember that while many newborns may not pass the hearing screening test, only further audiologic testing and evaluation can determine which ones really

have hearing loss. Therefore it is important that you work with your baby's doctor to get further testing if the screening results indicate "refer" (or did not pass).

If your baby passes the hearing screening but has risk factors for hearing loss, you and your baby's physician will want to monitor your child closely. Some risk factors include a family history of hearing problems, low birth weight or certain other medical conditions. The newborn hearing screening will not pick up hearing loss that develops later, for example, as a result of serious infection or illness.

If your child is suspected of or found to have a hearing loss, Nebraska's Early Intervention Program called the "Early Development Network" can help you coordinate services with local school systems and providers for evaluations, early intervention services and assistive technology.



Call 402 471-2471 or Call Toll-Free 1-888-806-6287 The Early Development Network (EDN) provides services and supports that are designed based on the needs of children birth to age three and their families with the belief that parents know what is best for their families.

NEWBORN SCREENING FOR CRITICAL CONGENITAL HEART DISEASE (CCHD)

Congenital heart disease is the most common birth defect affecting about 8 in every 1000 babies born. Some forms of congenital heart disease can be found when examined by the baby's health care provider. However, sometimes the baby won't show signs of a problem until they are more affected. The screening is done to find these before symptoms develop. Not all forms of heart disease can be detected by the newborn screening test for CCHD, but the screen increases the chance of early detection for 7 of the most serious forms of congenital heart disease. The screening test for CCHD involves placing a pulse oximeter on your baby's foot and hand.



Photo Courtesy Massimo

Simple and painless, the pulse oximeter measures the amount of oxygen in the blood and the heart rate. Babies with low levels of oxygen in their blood should get further evaluation. The screening test should be done at 24 hours of age or shortly thereafter. Babies who are sent home without the screening who have undetected CCHD, can suffer serious brain and other organ damage or even die when deprived of oxygen. Catching

CCHD early means you can help prevent these problems and get treatment for your baby to correct the heart defect.

For More Information on NEWBORN (BLOOD-SPOT) SCREENING

Call 402-471-6733 or 402-471-0374 or e-mail dhhs.newborn.screening@nebraska.gov. Also, check out our web site at: www.dhhs.ne.gov/nsp/. When in the hospital, ask your nurse about watching a short video on newborn screening.

For More Information on HEARING SCREENING:

Refer to the brochure: "Can Your Baby Hear?" included with your newborn packet. If you did not receive this brochure or have questions about the Nebraska Early Hearing Detection and Intervention (NE-EHDI) Program, contact the Nebraska Department of Health and Human Services at: 402-471-6770.

For questions about Nebraska's **Early Intervention** Program contact "Nebraska CHILDFIND" at 1-888-806-6287. Or go to www.nde.state.ne.us/ECH/EARLY/echp.htm.

For More Information on CRITICAL CONGENITAL HEART DISEASE SCREENING:

Talk to your baby's doctor or other health care provider. The Centers for Disease Control and Prevention have a good web-site at: <http://www.cdc.gov/ncbddd/pediatricgenetics/cchdscreening.html>